

# Early and Periodic Screening Diagnosis and Treatment TRACKING FORM 18 YEARS

## TO BE FILLED IN BY OFFICE STAFF:

Last Name		First Name		AHCCCS ID		D.O.B.		Age (Years)	
Date of Examination		Ht. (in)		Wt. (lbs)		B.P.		Health Plan Name	

## TO BE FILLED IN BY PROVIDER

### HISTORY INITIAL/INTERVAL

Comments Menarche: \_\_\_\_\_ LMP: \_\_\_\_\_ Birth Control: \_\_\_\_\_

NUTRITIONAL ASSESSMENT [ ] Adequate [ ] Inadequate [ ] Referred

SENSORY SCREEN Vision: Within normal limits? [ ] Yes [ ] No, Refer  
Hearing: Within normal limits? [ ] Yes [ ] No, Refer  
Speech: Within normal limits? [ ] Yes [ ] No, Refer

DEVELOPMENTAL ASSESSMENT Age appropriate? [ ] Yes [ ] No

(If suspicious, do specific objective testing) Assessment Tool (name) \_\_\_\_\_

BEHAVIORAL HEALTH ASSESSMENT Referral indicated? [ ] Yes [ ] No

Tool used: (Pediatric Symptom Checklist, parental interview, observation, etc.) \_\_\_\_\_

T \_\_\_\_\_  
P \_\_\_\_\_  
R \_\_\_\_\_

## PHYSICAL EXAM

Are the following normal?

	Yes	No
Skin		
HEENT		
Teeth		
Nodes		
Heart		
Lungs		
Abdomen		
Ext. Gen.		
Extremities		
Spine (scoliosis)		
Neuro		
Pelvic & Pap Smear		

## LAB/SCREENING

Pregnancy Test		
Screening for Syphilis, Chlamydia, Gonorrhea		
Tuberculin Test		
Hct./Hgb.		
Urinalysis		

## COMMENTS, ASSESSMENT & PLAN

Follow-up needed? [ ] Yes [ ] No

## IMMUNIZATION ASSESSMENT

Immunizations current? [ ] Yes [ ] No

## ANTICIPATORY GUIDANCE

- |  |   |
|--|---|
| <input type="checkbox"/> Dental Care<br><input type="checkbox"/> Plans for the future<br><input type="checkbox"/> Social interactions<br><input type="checkbox"/> Pregnancy prevention | <input type="checkbox"/> Educational activities<br><input type="checkbox"/> Good health habits<br><input type="checkbox"/> Smoking, alcohol, drugs<br><input type="checkbox"/> Counseling about sexual activity |
|--|---|

## REFERRALS

- ☐ Dental  
☐ Behavioral Health \_\_\_\_\_  
☐ CRS  
☐ Specialty \_\_\_\_\_  
☐ Gynecology  
☐ Prenatal Care [ ] Other

Next scheduled visit

Clinician Name

Clinician Signature

Was this claim coded as an EPSDT Visit (HCFA-1500)? [ ] Yes [ ] No